

CERTIFICATE OF INSURANCE

CERTIFICATE NUMBER
0561001-07725

PRODUCER

Marsh USA Inc.
2700 U.S. Bank Tower
111 S.W. 5th Avenue
Portland, OR 97204

William B. Kyle

503-412-3800

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.

COMPANIES AFFORDING COVERAGE

COMPANY

A RELIANCE NATIONAL INDEMNITY CO

COMPANY

B AMERICAN HOME ASSURANCE CO

COMPANY

C

COMPANY

D

INSURED

CONSOLIDATED FREIGHTWAYS CORP.
OF DELAWARE
P.O. BOX 3367
PORTLAND, OR 97208-3367

COVERAGES

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE DESCRIBED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	NGB 0131922-02	10/01/98	10/01/99	GENERAL AGGREGATE	\$ 500,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	\$ 500,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$ 500,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$ 500,000
					FIRE DAMAGE (Any one fire)	\$ 500,000
					MED EXP (Any one person)	\$ 15,000
A	AUTOMOBILE LIABILITY	NKC 0131913-02	10/01/98	10/01/99	COMBINED SINGLE LIMIT	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	\$
					AGGREGATE	\$
A	EXCESS LIABILITY	NEA 0131925-02	10/01/98	10/01/99	EACH OCCURRENCE	\$ 500,000
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$ 500,000
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					\$
A	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	NWA 0131923-02	10/01/98	10/01/99	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE:				EL EACH ACCIDENT	\$ 1,000,000
	<input type="checkbox"/> INCL				EL DISEASE - POLICY LIMIT	\$ 1,000,000
	<input type="checkbox"/> EXCL				EL DISEASE - EA EMPLOYEE	\$ 1,000,000
B	OTHER CARGO	AH85363	10/01/98	10/01/99	\$1,000,000/occ.	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS

RE: INSURED OPERATIONS OF THE NAMED INSURED

EXCESS COVERAGE EVIDENCED ABOVE APPLIES TO GENERAL LIABILITY COVERAGE ONLY.

CERTIFICATE HOLDER

US DEPT OF ENERGY C/O LOCKHEAD
MARTIN ENERGY RESEARCH

MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR: ON THE INSURER AFFORDING COVERAGE, ITS AGENTS

CANCELLATION

SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED

OAK RIDGE NATIONAL LABORATORY
BETHEL VALLEY ROAD
OAK RIDGE, TN 37830

HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR: LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES.

Marsh USA Inc.
BY:

VALID AS OF: 8/25/99

JHMM1 (2/98)

INSURED COPY